



# WELL CHILD EXAM - INFANCY: 2-4 WEEKS

(Meets EPSDT Guidelines)

DATE

INFANCY: 2-4 WEEKS														
PARENT TO COMPLETE ABOUT THE CHILD	CHILD'S NAME		BROUGHT IN BY:	DATE OF BIRTH										
	ALLERGIES		CURRENT MEDICATIONS											
	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE BIRTH		TODAY I HAVE A QUESTION ABOUT:											
	<div><div>YES NO</div><div><input type="checkbox"/> <input type="checkbox"/> My baby is sleeping well.</div><div><input type="checkbox"/> <input type="checkbox"/> My baby is eating, sucking well.</div><div><input type="checkbox"/> <input type="checkbox"/> My baby can hear sounds.</div><div>YES NO</div><div><input type="checkbox"/> <input type="checkbox"/> My baby looks at my face.</div><div><input type="checkbox"/> <input type="checkbox"/> When crying, my baby can be calmed by being talked to or held.</div><div><input type="checkbox"/> <input type="checkbox"/> I do not have frequent times of sadness.</div></div>													
WEIGHT KG./OZ. PERCENTILE		HEIGHT CM/IN. PERCENTILE		HEAD CIR. PERCENTILE										
<div><input type="checkbox"/> Review of systems    <input type="checkbox"/> Review of family history</div> <div>Screening:    N    A</div> <div>Hearing    <input type="checkbox"/> <input type="checkbox"/> _____</div> <div>Vision    <input type="checkbox"/> <input type="checkbox"/> _____</div> <div>Development: Circle area of concern</div> <div>Adaptive/Cognitive    Language/Communication</div> <div>Gross Motor    Social/Emotional    Fine Motor</div> <div>Behavior    <input type="checkbox"/> <input type="checkbox"/> _____</div> <div>Mental Health    <input type="checkbox"/> <input type="checkbox"/> _____</div> <div>Physical:    N    A    N    A</div> <div>General appearance    <input type="checkbox"/> <input type="checkbox"/> Chest    <input type="checkbox"/> <input type="checkbox"/></div> <div>Skin    <input type="checkbox"/> <input type="checkbox"/> Lungs    <input type="checkbox"/> <input type="checkbox"/></div> <div>Head/Fontanelle    <input type="checkbox"/> <input type="checkbox"/> Cardiovascular/Pulses    <input type="checkbox"/> <input type="checkbox"/></div> <div>Eyes/Red Reflex    <input type="checkbox"/> <input type="checkbox"/> Abdomen    <input type="checkbox"/> <input type="checkbox"/></div> <div>Ears    <input type="checkbox"/> <input type="checkbox"/> Genitalia    <input type="checkbox"/> <input type="checkbox"/></div> <div>Nose    <input type="checkbox"/> <input type="checkbox"/> Spine    <input type="checkbox"/> <input type="checkbox"/></div> <div>Oropharynx    <input type="checkbox"/> <input type="checkbox"/> Extremities/Hips    <input type="checkbox"/> <input type="checkbox"/></div> <div>Neck    <input type="checkbox"/> <input type="checkbox"/> Neurologic    <input type="checkbox"/> <input type="checkbox"/></div> <div>Nodes    <input type="checkbox"/> <input type="checkbox"/></div> <div>Describe abnormal findings and comments:</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>Diet _____</div> <div>Elimination _____</div> <div>Sleep _____</div> <div><input type="checkbox"/> Review Immunization Record</div> <div><input type="checkbox"/> Newborn Screen: (PKU)</div> <div><input type="checkbox"/> Other: _____</div> <div>Health Education: (Check all discussed/handouts given)</div> <div><input type="checkbox"/> Family Planning    <input type="checkbox"/> Safety    <input type="checkbox"/> Sleeping on back</div> <div><input type="checkbox"/> Development    <input type="checkbox"/> Crib Safety    <input type="checkbox"/> Shaken Baby Syndrome</div> <div><input type="checkbox"/> Infant Bond    <input type="checkbox"/> Feeding/colic    <input type="checkbox"/> Fever</div> <div><input type="checkbox"/> Passive Smoke    <input type="checkbox"/> No bottle in bed    <input type="checkbox"/> Child care</div> <div><input type="checkbox"/> Appropriate Car Seat    <input type="checkbox"/> Maternal Depression</div> <div><input type="checkbox"/> Other: _____</div> <div>Assessment/Plan: _____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>IMMUNIZATIONS GIVEN</div> <div>REFERRALS</div> <div>HEALTH PROVIDER NAME</div> <div>HEALTH PROVIDER ADDRESS</div> <tr><td colspan="5">NEXT VISIT: 2 MONTHS OF AGE</td></tr> <tr><td colspan="5">HEALTH PROVIDER SIGNATURE</td></tr>					NEXT VISIT: 2 MONTHS OF AGE					HEALTH PROVIDER SIGNATURE				
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# Your Baby's Health at 2 Weeks

## Milestones

### Ways your baby is developing between 2 weeks and 2 months of age.

Looks at your face when you hold her, follows you as you move.

Pays attention to your voice.

Shows he hears sounds by startling, blinking, or crying.

Moves arms and legs, tries to lift head when lying on tummy.

Tells you what she needs by fussing or crying.

### You help your baby learn new skills by playing with her.

## For Help or More Information

**To find a doctor or to get free or low-cost health insurance for your child:** Healthy Mothers, Healthy Babies Information and Referral Line, 1-800-322-2588 (voice) or 1-800-833-6388 (TTY Relay)

**Breast feeding, food, and health information:** Women, Infant, Children (WIC) Program, call the Healthy Mothers, Healthy Babies Information and Referral Line (numbers above)

**Car seat safety:** Safety Restraint Coalition, 1-800-BUCK-L-UP (voice) or 1-800-833-6388 (TTY Relay)

**Parenting Skills or Support:** Family Help line, 1-800-932-HOPE (4673), Family Resources Northwest, 1-888-746-9568, Local Community College Classes

## Health Tips

Learn to know when your baby is hungry, so you can feed her **before** she cries. She may get fussy or turn her head toward your body when you hold her.

Breast milk is the perfect food for babies for at least the first year. Continue breast feeding as long as possible.

If you are giving your baby a bottle, hold him in your arms during feedings. Your baby needs this special time with you.

Immunizations protect your baby from 12 very serious diseases. Make sure your baby gets all doses of vaccine on time.

**ALWAYS** put your baby to sleep on his back to reduce the risk of Sudden Infant Death Syndrome (SIDS). Also avoid putting soft bedding or stuffed toys in the crib.

Keep your baby away from people who have colds and coughs. Make sure that people who hold or care for your baby wash their hands often.

## Parenting Tips

Give your baby the gift of your attention. Take plenty of time to hold him, look into his eyes, talk softly to him. He can see and hear you. He is already learning!

Your baby fusses and cries to try to tell you what she wants. Comfort her when she cries. Holding will not spoil her.

## Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle him up in the back seat, away from the air bag.

**NEVER** shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.

## Guidance to Physicians and Nurse Practitioners for Infancy (2-4 weeks)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

### Hearing Screen

Screen infants with these risk factors:

- Family history of childhood hearing impairment.
- History of congenital prenatal infection with herpes, syphilis, rubella, cytomegalovirus, or toxoplasmosis.
- Malformations involving the head or neck (e.g., dysmorphic and syndrome abnormalities, cleft palate, abnormal pinna).
- Birth weight below 1500 grams.
- Bacterial meningitis.
- Hyperbilirubinemia requiring exchange transfusion.
- Severe prenatal asphyxia exchange transfusion.
- Severe prenatal asphyxia (Apgar scores of 0-3, absence of spontaneous respirations for 10 minutes or hypotonia at 2 hours of age).
- Parents concerned about infant's hearing.

### Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, the Denver II, or other developmental screen.

Yes    No

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Regards face.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Lifts head while prone.</u>    |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Moves extremities equally.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Mother responds to infant cues.   |

**Instructions for developmental milestones:** At least 90% of infants should achieve the underlined milestones by this age. If you have checked "no" on any two items or even one of the underlined items, refer the infant for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**